



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TS331		
O.I.P.E. CLASSIFIER	192	32	2/15
FORMALITY REVIEW	65955		4/7/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	7/1/02
Original	11/4/01
1	✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓
5	0 0 0 0
6	0 0 0 0
7	0 0 0 0
8	0 0 0 0
9	0 0 0 0
10	0 0 0 0
11	✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓
13	0 0 0 0
14	✓ ✓ ✓ ✓
15	✓ ✓ ✓ ✓
16	0 0 0 0
17	0 0 0 0
18	0 0 0 0
19	0 0 0 0
20	0 0 0 0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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